



## COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS



## DEPARTMENT OF CORRECTIONS

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Part	Section	Subject	Policy No.	Review Date
Institutional Services	Classification	Objective Classification	4.2.1	
<b>ACA Standards</b>	3-ALDF-1E-06 Inmate Case Records; 3-ALDF-2B-02 Inmates Are Separated Based on Classification; 3-ALDF-4B-01 Inmate Classification; 3-ALDF-4B-02 Inmate Classification Plan Specifies Criteria in Changing Inmate Status; 3-ALDF-4B-03 Separate Management of Inmates; 3-ALDF-4B-04 Confinement of Juveniles Prohibited			
<b>Consent Decree</b>	Paragraph 55 Inmate Classification Plan			

## I. INTRODUCTION

Historically, the Commonwealth of the Northern Mariana Island (CNMI), Department of Corrections has operated with a minimum of formalized Classification Policy and Procedures. As the system expands, a greater need will be created for a more objective method for screening and classifying inmates. This objective classification system can be expected to identify the level of risk presented by newly admitted inmates and the current inmate population, based on the use of valid and reliable information. This system should provide Division administrators and staff with invaluable data to better carry out their daily responsibilities and project future needs.

## II. POLICY

It is the policy of the Department of Corrections to classify inmates confined in its facility in a way not only to assure public safety but also to provide for safe and humane treatment of the inmate by housing inmates together to the extent possible. It is also the policy of the Department to provide regular reviews for all inmates confined in its facility, in order to assure that proper and just classification and program status is maintained. Inmates will not be classified or housed by race, color, religious beliefs, or national origin, but will be separated by gender, legal status, or for correctional reasons. The duty of the CNMI Department of Corrections is to provide custody and control of the inmate population. A secondary responsibility involves the development of programs to

provide opportunities for the inmates to acquire the skills necessary to return to productive life outside the jail/prison (correctional) environment. The mission of the Classification System is to carry out this responsibility in a manner that satisfies society, the correctional system and the inmates.

### **III. DEFINITIONS**

**Classification:** The process of placing people into groups according to some rationale idea or plan.

**Classification Officer:** A staff member assigned by the secretary to perform inmate classification related functions, and who has received specialized training in objective classification procedures.

**Classification Plan:** A detailed, written outline of the individual inmate's planned housing arrangement, custody level, programs, privileges, special needs and other factors affecting the inmate during his/her term of incarceration.

**Custody Assessment:** Periodic re-evaluation of the inmate's custody level, housing needs which may cause a lower or higher custody level and/or a change in housing or program assignments.

**Custody Assessment Scale:** A form used to assess an inmate's custody level according to a standardized accumulative point system.

**Custody Level:** Level of supervision required based on the custody classification score.

**Commissioner:** Commissioner of the Department of Corrections.

**DOC:** Department of Corrections.

**Housing:** The section and/or cell in the doc, which is assigned as the inmate's living quarters.

**Intake Screening:** The initial interview with a new inmate, which takes place immediately after the physical processing/booking. The interview will give staff a general profile of the inmate and serves as an important source of information for the classification process.

**Initial Needs Assessment:** Identifies any special needs of the inmate such as medical treatment, mental counseling, drug treatment, educational or vocational needs.

**PSI:** Pre-Sentence Investigation. An investigation and report prepared by the probation division to assist the court in applying an appropriate sentence on an offender.

**Psycho-Tropical Medication:** Any medication used to treat mental disorders/illnesses.

**Step-Down Process:** A structure process for an inmate to be re-introduced from segregation status into the general population.

## IV. SCOPE

- A. Purpose of Objective Classification
- B. Purpose of this Document
- C. Intake Screening Process and Form
- D. Instructions for the Intake Screening Form
- E. Initial Classification Process and Assessment
- F. Instructions for the Initial Custody Classification Scale
- G. Instructions for the Initial Needs Assessment Form
- H. Custody Reassessment Process and Forms
- I. Instructions for Custody Reassessment Scale
- J. Instructions for Needs Reassessment Form
- K. Classification Plan/Summary
- L. Department of Corrections Classification Team Process and Hearing
- M. Custody Designations
- N. Housing Plan
- O. Monthly Institutional Conduct Evaluation
- P. Records
- Q. Attachments

### A. Purpose of Objective Classification

The Department of Corrections' primary responsibility is to safely and securely detain all individuals committed/remanded to its custody. The Department's Objective Classification System is an essential management tool for performing this function. By definition, Objective Classification is a formal process for separating and managing inmates and administering facilities based upon the Department's mission, classification goals, Department resources and inmate custody and program needs. The process relies on trained classification staff; the use of reliable and valid data and process and outcome evaluation. Classification is the ongoing process of collecting and evaluating information about each inmate to determine the inmate's risks and needs level for appropriate confinement location, treatment, programs, and work assignment in the facility. An objective system of classifying inmates will reduce escapes and escape attempts, suicide and suicide attempts, the unnecessary incarceration of non-threatening inmates, and unwarranted inmate-on-inmate assault. It also allows for inmates to achieve lower custody levels and increased privileges through the objective assessment of their institutional behavior.

Intake classification can lead to more effective facility operations and more consistent decision-making regarding the assignment of inmates to appropriate custody levels. An effective classification system is one, which meets identified goals and objectives while adhering to the fundamental principles of inmate management. A consistent classification process is one, which facilitates the same classification and screening conclusions among all classification staff, and assures fair and equitable processing of the inmate.

The Department's objective classification system should contribute to saving funds, by placing inmates inappropriately held in highly secured/costly jail and prison

facility space, in less secured/less expensive settings. Consistent classification allows for the redistribution of personnel according to the custody requirements of inmates, which permit better daily administration and management. However, it is not reasonable to expect classification, by itself, to reduce the level of staffing needed in the department's facility.

**The goals of the Department's Classification System are to:**

- Ensure the safety and well-being of the community, facility, staff and inmates;
- Apply a consistent and reliable classification and assessment system that assigns inmates to a level of confinement consistent with the protection of the community, facility, staff and inmates;
- Recommend inmate programs and activities according to specific needs;
- Develop, record and analyze data necessary for individual decision making and program and facility planning; and,
- Ensure that staff and inmates understand the procedures and criteria used in the classification process.

The Classification system is designed to objectively assess an inmate's security, custody, and program needs. The Department uses the Objective Classification System for all inmates regardless of legal status or sentence length. The Classification ratings track an inmate throughout the term of confinement.

The system is intended to provide for scheduled reviews/reassessments for custody and program changes. Classification is used to best match the individual characteristics of the inmate with the facility and programs of the Department of Corrections. The Objective Classification System is based on an inmate's risks and program needs. An inmate's overall risk level is determined by the following factors:

1. Severity of Current Charges/Convictions;
2. Violent Offense History;
3. Escape History (Past 5 Years);
4. Institutional Disciplinary History;
5. Prior Felony Convictions; and,
6. Stability Factors

After independently rating each of these factors, an overall risk level is established. Risk levels primarily reflect the structural constraints or securities required to house and supervise the inmate. Further, inmate needs are assessed in six (6) areas: Health, Emotional Stability, Education, Vocational Skills, Substance Abuse, and Mental Ability. For each of the inmate needs, the level of need for program or services is evaluated and a plan developed.

As an inmate progresses through the confinement period, individual behavior is monitored as well as time remaining on the sentence. A regular schedule of reclassification reviews will examine the present level of risk and current inmate needs. Classification levels are dynamic. Through reassessment, risks and needs levels are monitored and modified as required.

**B. Purpose of this Document**

This document explains the CNMI Department of Corrections Classification System and procedures for use of the classification instrument. This document also serves as a reference tool developed to assist classification staff in performing classification actions. Specifically, it will assist staff to:

- Understand the goals and objectives of classification;
- Improve the system of classifying and assigning inmates;
- Provide for more appropriate classification decision making;
- Standardize classification on a department-wide basis; and,
- Educate and explain the rationale and need for a classification system.

**C. Intake Screening Process and Form****1. Purpose**

Intake screening shall be conducted on all new inmates committed, and inmates recommitted to the Department to prevent new inmates who pose a health or safety threat to themselves, or others, from being admitted to the facility's general population by placing these individuals in administrative segregation. When indicated, the Department will promptly provide necessary health services. This process recognizes that only limited information is typically available on inmates during their first hours of custody. Therefore, the ultimate objective of this screening form is to identify any emergency needs and make appropriate initial treatment referrals and if appropriate, housing, and supervision decisions.

**2. Completion Policy**

The Intake Health Screening Form is to be completed on all newly committed inmates within 72 hours of admission.

**3. Procedures**

- a. Each inmate's commitment papers will be reviewed by the processing person and Booking/Release Sgt. and delivered to the classification person for processing.
- b. Each inmate will be searched for contraband.
- c. Each inmate's property and money will be handled in accordance with Departmental procedures.
- d. Each inmate will be fingerprinted and photographed.

- e. Each newly admitted inmate (both pre-trial and sentenced) would be interviewed to determine if he/she requires immediate medical or mental health care. The information is documented on the **Intake Health Screening Form**.
- f. The Intake Health Screening Form contains information that identifies the inmate and his/her substance abuse treatment needs, suicide risk, mental health needs, and medical health needs. At this point in the screening process, only simple yes/no responses are needed. Qualified medical or mental health professionals will complete in-depth assessments of persons identified as presenting these types of needs/risks.
- g. An inmate who requires immediate medical or mental health care, or appears to be a substance abuser, or presents a potential suicide threat will be referred to the appropriate health services professional staff for evaluation and;
- h. After the intake screening process is completed, both the processing person completing the process and the inmate shall sign the form in the appropriate sections indicated.

#### **D. Instructions for the Intake Health Screening Form**

##### **1. Identification**

- a. DOC Inmate No.: Enter the inmate's current institutional number that was assigned during the admission process. This number must be used on all subsequent classification forms.
- b. Screening Date and Time: Enter the two digits Month, two digits Day, four digits Year, and military Time screening was conducted.
- c. Inmate Name: Enter the inmate's full name, i.e., last name followed by first name and middle name.
- d. DOB: Enter the date of birth.

##### **2. Risks and Needs Screening**

###### a. Substance Abuse:

- (1) Signs of being Under the Influence/Withdrawal: This section requires "Yes/No" responses. A "Yes" response should result in referral to a qualified staff to complete an in-depth evaluation of the inmate identified as presenting an alcohol or drug needs/risks.
- (2) Types and Amount of Alcohol/Drugs Used: In space(s) provided, document the type(s) and amount of alcohol or drugs used by the inmate.

Comments: This section is reserved for any additional observation or

information.

b. Suicide Risk:

(1) Threats, Stress, Nervousness, Depression, and Withdrawn Assessment: These items require "Yes/No" responses from the inmate being interviewed. A "Yes" response should result in referral to qualified mental health staff to complete an in-depth evaluation of the inmate identified as presenting a needs/risks.

Comments: This section is reserved for any additional observation or information.

c. Mental Health:

(1) Past Mental Health Problems/Use of Psychotropic Medication.

(2) Medication/Abnormal Behavior: These items require "Yes/No" responses. If the inmate indicates a "Yes" response to the use of psychotropic medication, information should be obtained on the Type, Frequency and Amount of medication used. A "Yes" response should result in referral to qualified mental health staff to complete an in-depth evaluation of the inmate identified as presenting a needs/risks.

Comments: This section is reserved for any additional observation or information.

d. Medical Health

Medical History Questions: In this section, there is a series of questions that requires "Yes/No" responses to obtain a medical history of the inmate. Several questions (e.g., Current Treatment for Medical Problem, Use of Prescription Medication, etc.) require additional information. A "Yes" response to any of these questions should result in referral to qualified medical staff to complete an in-depth evaluation of the inmate identified as presenting a needs/risks.

Comments: This section is reserved for any additional observation or information.

e. Interviewing Officer's Observation

In this section the processing person check mark categories observed during the interview.

### 3. Signature

a. Inmate's Signature: Once the Intake Health Screening Interview and Form has been completed, the processing person should have the inmate sign the form.

This provides documentation that the process had been conducted and that the inmate participated in the process.

- b. Interviewer's Signature: The processing person should enter his/her signature on the form upon completion of the interview. This provides documentation as to who conducted the intake health-screening interview.

## **E. Initial Classification Process and Assessment**

### **1. Purpose**

The initial reception and classification process is an integral part of the total management of the inmate. Persons committed to the Department of Corrections in a pre-trial status for more than 72 hours, or who are sentenced to the Department; receive a comprehensive evaluation before placement in a permanent housing unit. The classification officer shall complete a social history, a legal/criminal history check, alcohol/drugs and tobacco information, and education/military/religion information and assess for special needs on each newly committed inmate. The standardized format and instruments are used to ensure the custody requirements and needs for each inmate is assessed. Additional information such as police reports on the incident that resulted in the inmate being brought to DOC, and where the inmate was convicted of an offense, the pre-sentence report and any related information on the inmate for the purposes of properly classifying the inmate.

The full assessment process provides a classification profile that ensures proper placement within the Department's facilities. The implementation of the initial classification assessment process strives for consistency and the flexibility that individual situations demand. A condensed process (needs assessment), may be used for pre-trial or sentenced inmates who are likely to be committed beyond 72 hours but for a term of less than six months.

The general intent of the initial classification assessment is to empower department staff to use professional judgment, within specific guidelines and the authority of their position. The process is designed to be flexible (e.g., room for professional judgment and discretion), yet provide a sound foundation for consistent decision making for the Department.

### **2. Completion Policy**

The Initial Classification Process is to be completed for all inmates within 3 days of commitment to the custody of the Department of Corrections.

The forms (initial custody assessment and needs assessment) must be completed before an inmate is moved to permanent housing from the Department's intake and initial classification assessment areas.

### 3. Procedures

- a. Initial Interview: The classification officer or designee conducts this interview with each inmate. Each inmate will be interviewed to determine the following:
  - Gender
  - Age
  - Prior criminal and escape history
  - Seriousness of charge
  - Detainer or other warrant, pending charges
  - Assaultive and passive tendencies
  - Evidence of suicidal tendencies
  - Family relations with other inmates
  - Known enemies or co-defendants in the facility
  - Other information as available from verified sources.
- b. Initial Classification Custody Process and Instrument: The Department of Corrections will use the standard Initial Custody Assessment Scale Instrument. The Initial Classification Custody Instrument is prepared by the assigned classification officer on each inmate and is used to establish initial custody level rating and initial housing assignment. The custody rating is based upon the classification officer's assessment of the six items that are scored on a numerical scale. Research on a national level has found these items to be associated with future institutional conduct and to help identify the types of risks likely to be presented by the inmate.
- c. Inmate Needs Assessment Form: This form has been established to provide standardized information from which programs may be developed. The form is designed to indicate areas of programming need, and to distinguish between the following types of inmates: The ones who definitely need programming, those who require some programming and those who need no programming. After scoring the Needs Assessment Form, the classification officer should discuss the results with the inmate. In those areas where programming is definitely needed or may be needed, the classification officer should discuss the various options. After discussing the areas of needed programming and the options available, the classification officer and the inmate should attempt to arrive at a mutual agreement on a classification plan.

The goal of the Needs Assessment Form is to eliminate subjectivity and

personal interpretation from the classification decision-making process. The classification process should consist of decisions based upon objective criteria. It is believed that this process will be beneficial to both classification staff that justifies their decisions, as well as the inmate who deserves fairness.

d. Orientation: During the initial classification process every inmate is provided an orientation. The orientation program will be presented to all inmates using the following basic outline:

- Department staff and facilities; Inmate Rights, Privileges and Responsibilities
- Rule Violation and Disciplinary Process/Procedures
- Health Services
- Classification
- Inmate Programs
- Inmate-Staff Relations
- Mail
- Visitation Policy
- Telephone Procedures
- Daily Routine/Housekeeping
- Policy on Money Left for Inmates
- Attorney Visitation
- Consulate Visitation

## **F. Instructions for the Initial Custody Assessment Scale Form**

### **1. Identification Information**

- a. Inmate ID No.: Enter the inmate's current institutional number that was assigned during the admission process. This number must be used on all subsequent classification forms.
- b. Classification Officer's Name: The classification officer enters his/her name in this space.
- c. Assessment Date: Enter the Month, Day, and Year assessment was conducted.
- d. Inmate's Name: Enter the inmate's full name, i.e., last name followed by first name and middle name.

### **2. Custody Evaluation**

- a. Severity of Current Charges/Convictions: To determine the severity of current charge/conviction use the Commonwealth Code in the Severity of Offense Scale rating the most serious charge/conviction, including any detainer/warrant from one of the four categories on the scale – Highest, High, Moderate or Low. The scores range from 0 for Low, 2 for Moderate, 5 for High and 7 for Highest. In a situation where the inmate is charged/convicted

of multiple crimes/offenses, the score should be obtained by rating the most serious of the individual charges/convictions. No inmate charged/convicted of offenses rated in the "Highest" category in the Severity of Offense Scale will be placed in a low-risk or minimum security/custody category.

- b. **Violent Offense History:** Use the Severity of Offense Scale and rate the most serious prior arrest/conviction. The scores range from 0 for none or Low, 1 for Moderate, 4 for High, and 7 for Highest.
- c. **Escape History Past 5 Years:** Consider the inmate's escape history for the past five years, excluding any current charges for this offense. Inmates who have no escape history during the past five years will receive zero points. Inmates who have walked away, attempted to escape from minimum security, or failed to return from an authorized absence will receive 3 points. Inmates who escaped or attempted to escape from medium or maximum security will receive 7 points.

**Maximum Custody Score:** Add points for sections a, b, and c if an inmate receives a score of 7 or higher, they should be designated to maximum custody. Even if an inmate receives a maximum custody level after completing the first three items on the Initial Custody Assessment Scale Form, always complete the remaining items, but do not total the score if the inmate has already been assigned to maximum custody.

- d. **Institutional Disciplinary History:** Use the Department of Corrections Disciplinary Severity Scale to score the most serious known institutional offense. The scores range from 0 for none or minor with no segregation time to 3 for One or one major disciplinary reports and/or time in segregation.
- e. **Prior Felony Convictions:** Enter any prior felony convictions derived from the individual's criminal history records. All felonies should be considered, including non-violent ones. The scores under this category range from 0 for none, 1 for one and 4 for two or more prior felony convictions.
- f. **Stability Factors:**
  1. **Age:** Information for this section may be obtained from any documented source or by interviewing the inmate. In cases where the information is obtained by interview an attempt should be made to verify the information through other sources. The score for this section will be based on the inmate's age at the time of admission. The score for age 25 or under is 1.
  2. **No High School or GED Diploma:** Information for this section may be obtained by interviewing the inmate. In cases where the information is obtained by interview, an attempt should be made to verify the information through other sources. The score under this category is 1.
  3. **Not Living with Family:** Family heritage and involvement are extremely influential criteria in the Commonwealth community. Scoring for this

section will take into account with which the inmate was living at the time of the initial assessment. Having his/her own family (spouse and/or children) is considered a stabilizing factor or influence, as is living with parents or relatives. Information for this section may be obtained from any documented source or by interviewing the inmate. In cases where the information is obtained by interview an attempt should be made to verify the information through other sources. The score under this category is 1.

4. Unemployed for 6 Months Prior to Arrest: Extended unemployment is an indicator of lack of stability. Short-term unemployment (less than six months) can be caused by external factors to no fault of the inmate. The score under this category is 1.

Comprehensive Custody Score: Enter sum of Items a through f on the total score line.

### 3. Scale Summary and Recommendations

- a. Custody Level Indicated by Scale: Use the total score entered under the comprehensive custody score to arrive at the custody level for the inmate. If an inmate's score was 7 or more points on sections 1, 2 and 3 or 11 or more points on sections 1 through 6, the inmate receives a maximum custody code of 3. An inmate, who receives 6 to 10 points of sections 1 through 6, or 5 or fewer points on sections 1 to 6 with detainers/warrants, should be placed in a medium custody status with a custody code of 2. An inmate with a score of 5 or fewer points should receive a custody code of 1 for minimum custody status.
- b. Special Management Issues: No classification system will always assign all inmates to the most appropriate custody level. Therefore, the classification system allows for staff to recommend a custody level other than the one designated by the scored custody form, based on their professional judgment and factors that are not captured by the classification form. These are called overrides.

Each of the overrides listed on the Initial Custody Assessment Scale Form should only be used in situations where the classification officer believes that the initial custody level obtained from the point score is inappropriate. The overrides allow the classification officer to reflect his/her professional judgment and are based on information regarding the inmate's crime, prior record, or institutional judgment. The following sections provide an explanation of each override and its appropriate use.

1. Known Enemies: An inmate who states that he has known enemies in the institution should not be placed in housing where the inmate or the enemy may be in danger from each other.
2. Psychological Impairment: All sex offenders shall initially be placed in maximum custody.

3. Mental Deficiency: An inmate with mental deficiency such as retardation as diagnosed by a professional should be placed in a mental health unit if available. Otherwise administrative segregation should be considered.
4. Substance Abuse Problems: Screening for possible referral to the RSAT Unit should be considered.
5. Suicide Risk: If an inmate is considered a suicide risk, he/she shall be placed in special housing under a suicide watch.
6. Medical Problem: Dependant on the severity of the medical problem, various options should be considered ranging from minimum security housing to administrative segregation or hospital confinement under guard.
7. Known Management Problem: Inmate has a documented history of management problems while incarcerated. Inmate is known to have incited, provoked and/or agitated peers; disrupted facility operations; and/or have demonstrated a substantial lack of cooperation.
8. Physical Impairment: An inmate with a physical impairment such as confinement to wheelchair etc. needs to be placed in housing unit where the inmate can function without assistance. Access to handicap shower, bathroom should be considered.
9. Relative Incarcerated at DOC: Family members should be separated if there are documented reasons to believe that the inmates may engage in activities disrupting facility safety based on their relationship.
10. Co-Defendant Incarcerated at DOC: Co-defendants should be separated from each other, especially during pre-trial stages and also after conviction while appeals process continues.
11. Serious Violence Threat: Violence threats include a documented history of violent conduct, such as murder, rape, assault, arson, and intimidation involving a weapon. This conduct may have occurred while confined or while in the community. This also includes inmates known to be members of groups or gangs that use violence to achieve their goals within a correctional setting and/or in the community and this affiliation is considered to be a management issue in the facility.
12. Escape Threat: Inmate has made significant threats to escape or has a documented history of escape(s), and/or attempted to escape.
13. Known Homosexual: If a new inmate is known to be a homosexual, the possibility of sexual assaults by other inmates should be considered and this inmate should not be placed in the general population.

14. Physically Small/Weak: An inmate who is physically small and weak will invite predatory behavior from other inmates. Care has to be taken to place this inmate in housing where the risk of being victimized is minimized.

15. Prior Good Conduct: Documented information of the inmate's ability to successfully cope with a lower level of custody level may be considered as a prior period of successful minimum custody (such as assignment to minimum security/custody) or an extensive period of clear conduct.

- c. Override of Scale Custody Level is Recommended: After reviewing the special management issues that have been marked, if any, enter the Override Code – 1=Yes, 2=No and provide a rationale if an override is recommended.
- d. Recommended Custody Level and Housing Assignment: After reviewing the custody scale score and all information which may justify an override, enter both the Custody Level and Housing Assignment Code. If no override is recommended, the Recommended Custody Level should be the same as custody level indicated under III A of the form.
- e. Classification Signature and Date: The Classification Officer must sign and date the form.

#### **4. Supervisory Approval of Override**

- a. Recommended Custody Level: On "Approval/Disapproval," approval by the Classification Supervisor is required if the classification officer recommends an override.
- b. Final Custody Level and Housing Assignment/Rationale: After reviewing the rationale for overriding the preliminary/recommended custody level, the supervisor must enter the final custody level. Written rationale must be provided if this level is different from the Recommended Custody Level.
- c. Supervisor Signature and Date: This section must be signed and dated upon review by the Classification Supervisor.

#### **G. Instructions for the Initial Needs Assessment Form**

Under each need, select the category that best describes the inmate and enter the number, either 1, 2 or 3 in the score box. Where appropriate, refer to the Program, Priority, and Adjustment Codes to determine the proper code to enter in the section marked score or priority code next to each need area (i.e., Health, etc.) Where referral(s) and program(s) are being recommended.

**Inmate ID Number:** Enter the inmate's ID number that was assigned during the initial intake process.

**Inmate's Name:** Enter the inmate's full name, i.e., last name followed by first name and middle name.

**Assessment Date:** Enter the date the assessment was conducted.

**Classification Officer:** The classification officer enters his/her name in this space.

## 1. Health (H)

Decisions regarding the health of the inmate can be critical. A medical examination and medical records are the primary source of such information. However, on the Intake Assessment Form, other indicators, such as observed behavior during the interview (obvious wounds, excessive perspiration, handicaps, or symptoms of disease/s) or inmate statements indicating illness or handicap, should be taken seriously and indicated appropriately on the form.

- a. Limited Physical Capacity: Inmate has a condition, which severely restrict job assignments and program participation. He/she requires frequent medical attention and may be on medication.
- b. Mild Disability or Illness: Inmate may have a condition which restricts job assignment, requires light duty assignment, requires occasional medical attention, i.e., high blood pressure, heart condition, missing limb, back problem, diabetic, etc.
- c. No Problems: Inmate does not indicate or display any signs of ill health, disease, or handicap; inmate receives rating to work from medical personnel and has no condition, which restricts job assignment or requires regular medication or attention.

## 2. Emotional Stability (ES)

This need area is very broad and summarizes the appropriateness of an inmate's response to his/her environment. When available, psychological evaluations, hospital discharge summaries, use of medication, etc., should be used as the source of information as opposed to the interviewer's impressions.

- a. Severe Impairment: Inmate may have a history of hospitalization for emotional problems, two or more suicide attempts, lack of control over impulses as reflected by extensive assaultive behavior, and usually has poor related test results.
- b. Moderate Impairment: Inmate may be experiencing family problems or adjustment problems to new environment. Included in this group are inmates who are immature or who find difficulty in dealing with stress. Some problems controlling impulses are apparent as reflected by minor behavior problems. Inmate may have attempted suicide on one occasion.
- c. Emotionally Stable: Inmate has exhibited no inappropriate emotional responses to his/her stay in the intake/initial classification section/housing, and has no history of such indicated in court and probation reports (e.g., PSI) or other information sources. Inmate appears to deal with stress appropriately in most situations.

### 3. Education (E)

Assessment of this item must be related to the level of education achieved and any formal recognition such as a diploma or GED.

- a. 5<sup>th</sup> Grade or Below: Grade level must be obtained from inmate or other document sources. If possible, educational testing may assist in determining performance levels in math, reading, or identify special educational needs.
- b. No High School Diploma: Inmate may not have a diploma or GED but may show potential and/or interest in further educational opportunities. Additional testing, if available, may assist in determining educational interests and deficits.
- c. High School Diploma: This inmate may be interested in vocational programming.

### 4. Vocational Skills (VS)

Criteria include: prior employment history; training such as the amount of training or work experience. May also look at job related skills, which may include criteria such as length of employment, reason for leaving, and ability to get along in any vocation or employment situation.

- a. No Discernible Skill: All previous employment has been unskilled and/or inmate has no specialized training in any vocation.
- b. Limited Skills: Inmate's work history or training may indicate partially developed skills and some direction in terms of interest (semi-skilled). The inmate may have served as an apprentice trainee or been involved in a family business without acquiring a full range of marketable skills. Others included in this category are inmates who may be skilled but due to the nature of their crimes will have to change vocations.
- c. Possesses Marketable Skill/Trade: Inmate has a marketable skill as evidenced by prior work history or training. A marketable skill is defined as a skill obtained through post high school training or a skill obtained as an apprentice/work experience that will result in an adequate salary and employment that is not seasonal.

### 5. Substance Abuse (SA) (Alcohol and Drug Use)

Criteria may include alcohol related arrest, use of alcohol at the time of the crime, self-admission or indication from other sources of information. For abuse of other substances, criteria may include: drug related arrests, use of drugs/substances at the time of the crime, self-admission or indications from other sources.

- a. Frequent Abuse: The inmate has an increased tolerance for alcohol and/or

drugs and important social, occupational or recreational activities are given up or reduced. A great deal of time is spent in activities necessary to get alcohol and/or drugs and major role obligations of work, school and home are missed because of frequent intoxication/addiction or withdrawal symptoms. The inmate has a previous alcohol and/or substance abuse history.

- b. Occasional Abuse: Inmate demonstrates continued use of alcohol and/or drugs despite knowledge of having a persistent or recurrent social, occupational, psychological or physical problem that is caused by or magnified by use of alcohol/drugs. There is a recurrent use of alcohol and/or drugs in situations in which use is physically hazardous. Some symptoms of the disturbance have persisted for at least a month or have occurred repeatedly over a longer period of time.
- c. No Disruption of Functioning: Inmate has no prior history of alcohol and/or substance abuse, was not under the influence of alcohol and/or was not using drugs at the time of the offense, and denies alcohol and/or substance abuse.

## 6. Mental Ability (MA)

While in intake and initial classification status, the inmate should be assessed for intellectual ability and/or given a mental ability test.

- a. Serious Disability: (IQ may be below 70 if information is available.) Inmate requires much counseling, guidance and support, has many problems adapting to new environments, and cannot function independently. The inmate will likely require remedial programming and special attention. This inmate may become a target of abuse and manipulation.
- b. Mild Disability: (Inmate has an IQ of 70 to 90 on IQ exam, if such information is available.) The inmate has some problems functioning independently, adapting to strange environments, and may or may not require additional counseling and guidance/support. This type of inmate may become attached to another inmate and rely on that person for direction.
- c. No Discernible Disability: (The inmate has an IQ of 90 or higher, if score or testing is available.) He/she is able to adapt to a new environment with a minimum of guidance.

## 7. Other

If other needs are identified that are not on the Form they should be described.

## 8. Initial Program Recommendation

After completing the Initial Needs Assessment in the 6 need areas, list the appropriate program or programs being recommended using the Program Code and enter a priority using the Priority Code. The Program Priority and Adjustment Codes are as follows:

- **Program Codes**

- 1 - College
- 2 - Adult Basic Education
- 3 - Vocational Training
- 4 - Drug Treatment (RSAT)
- 5 - Alcoholics Anonymous
- 6 - Arts and Crafts
- 7 - Work Release
- 8 - Psychiatric Counseling

- **Priority Codes**

- 1- Urgent immediate need
- 2 - Problem directly related to criminal behavior; high priority.
- 3 - Problem resolution would enhance ability to succeed in community.

- **Adjustment Codes**

- 1 - Completed program satisfactorily
- 2 - Completed program unsatisfactorily
- 3 - Currently enrolled; satisfactorily participation
- 4 - Currently enrolled; adjustment problems noted
- 5 - Inmate dropped from program; lack of interest, progress
- 6 - Inmate refused participation
- 7 - Program or program space not available

## **H. CUSTODY REASSESSMENT PROCESS AND FORMS**

### **1. Purpose**

The reclassification or reassessment process is used to update and review an inmate's previous custody and needs assessments. The premise of reassessment process is that "errors" may be made at the initial assessment stage and they should be corrected based on the inmate's current behavior. It is especially important for sentenced inmates who face lengthy incarceration terms and for detainees likely to spend several months awaiting a court disposition. The reassessments are necessary to assure that each inmate's case is current, that programs, services and privileges provided are appropriate, and that timely planning is undertaken for major changes in the inmate's status.

The reassessment process does not necessarily result in a change of custody, housing, services or programs. Its primary function is to monitor the inmate's adjustment and bring attention to problems that may have arisen. The reassessment process is similar to the initial classification assessments (i.e., custody and needs), but places greater emphasis on recent institutional conduct and progress in programs to reflect the inmate's actual behavior while

incarcerated. It is very important that inmates with long lengths of stay have the opportunity for reduced custody levels based on compliance with facility requirements.

## **2. Completion Policy**

### **A. Reassessment:**

Reassessments may be made any time new information is received that may affect an inmate's security, control, service or program needs, but in any case, at least every 12 months. An inmate will have a reassessment within 90 days prior to a parole review. The custody and needs reassessments forms should be completed:

- Every 30 days, for inmates currently assigned to protective custody housing.
- Within 48 hours of the receipt of new information potentially affecting the inmate's management (e.g., detainer, conviction on new charge).
- Within 48 hours prior to an inmate leaving disciplinary segregation and returning to the general population.
- Every 3 months, for inmates serving 18 months or less.
- Every 6 months, for inmates serving between 18 months to 5 years.
- Every 12 months, for inmates serving sentences longer than 5 years.

### **B. Step-Down Process**

Inmates who are housed in the Special Management Unit due to failure to adhere to the Department of Corrections rules and regulations will be eligible for return to the general population after completing a three tier step-down process. This process consists of the following:

- Every month, for inmates serving sentence 18 months or less.
- Every 3 months, for inmates serving sentence between 18 months to 5 years.
- Every 6 months, for inmates serving longer than 5 years.

**LEVEL 3:** Upon completion of sanction. The inmate/detainee is subject to full restraints when taken out of his/her assigned cell. Allowed one hour for recreation including shower. Fifteen (15) minutes non-contact visitation. Telephone privileges allowed.

**LEVEL 2:** Inmates without any Disciplinary Citations or Poor overall rating on the monthly evaluation form, from the time of being in level three to his/her reassessment date based on the length of term of incarceration. The inmate will be subject to Leg Irons when taken out of his/her assigned cell. Allowed two hours for recreation including shower time. Thirty (30) minutes non-contact visitation.

Telephone privileges allowed.

**LEVEL 1:** Inmates without any Disciplinary Citations or Poor Overall rating on the monthly evaluation form from the time of being level two to his/her reassessment date based on the length of time of incarceration. The inmate will be subject to no restraints when taken out of his/her assigned cell. Allowed three hours for recreation including shower time. Thirty (30) minutes contact visitation. Telephone privileges allowed.

**Note: Six (6) months from the date of entering level one, inmates will be reassessed to determine if he/she is eligible to return to the general population.**

### **3. Procedures**

Criteria for scheduling a classification reassessment will consist of, but not be limited to, requests by staff members, legal status change of inmates, or completion by the inmate of a major program or assignment. An inmate will have a reassessment within 90 days prior to a parole review. That assessment will include a summary of the inmate's activities in the institution and a proposed parole plan. These reports will comply with the requirements of the Parole Board as to format and content. An inmate may request a special reassessment hearing for good cause by presenting new or significant information that may result in a custody classification change.

While a classification officer will complete the custody and needs reassessments forms and classification, any changes in the inmate's classification status will be made by the classification team (refer to Section "G") with the participation of the inmate, whenever possible or appropriate. The inmate will be given notice 48 hours prior to the classification team review and may request or waive, in writing, the appearance before the classification team. Each month the classification officer will post a classification schedule including cases to be reviewed. The inmate may be requested to be present at the classification hearing unless precluded for security or other substantial reasons. An inmate need not appear for minor or routine reassessment matters or when:

- It is likely that the behavior of the inmate would disrupt the meeting.
- The inmate has a physical or mental handicap that would preclude understanding of and participation in the process.

At the time of the reassessment/classification review, the classification team may recommend qualified inmates for participation in optional programming such as education, vocational training or substance abuse treatment.

## **I. Instructions for Custody Reassessment Scale**

### **1. Identification**

**Inmate Name:** Enter the inmate's full name, i.e., last name followed by first

name and middle name.

**Inmate ID#:** Enter the inmate's current DOC number that was assigned during the admission process. This number must be used on all subsequent classification forms.

**Assessment Date:** Enter the two digits Month, two digits Day, and four digits Year assessment was conducted.

**Classification Officer Name:** The classification officer enters his/her name in this space.

**Reassessment Reason:** In this section, the classification officer will enter a code in the space provided indicating why the reassessment is being conducted.

- Code 1 = routine reassessment
- Code 2 = a reassessment for disciplinary review
- Code 3 = other reasons

## 2. Custody Evaluation

a. **Severity of Current Charges:** To determine the severity of current charge/conviction, use the Severity of Offense Scale rating the most serious conviction, including any detainer/warrant from one of the four categories on the scale – Highest, High, Moderate or Low. In a situation where the inmate is convicted of multiple crimes/offenses, the score should be obtained by rating only the most serious of the individual convictions.

Severity of Current Charges scores are as follows: Low = 0, Moderate = 1, High = 4, and Highest = 6.

b. **Serious Offense History:** To determine the severity of offenses for the past five years, use the Commonwealth Code in the Severity of Offense Scale rating the most serious conviction, including any detainer/warrant from one of the four categories on the scale – Highest, High, Moderate or Low. In a situation where the inmate is convicted of multiple offenses, the score should be obtained by rating only the most serious of the individual convictions.

Serious Offense History scores are as follows: None or Low = 0, Moderate = 1, High = 3 and Highest = 6.

c. **Escape History (excluding current charges):** Consider the inmate's escape history. If the inmate is currently incarcerated on an escape conviction, it shall be included in this score. All documented escapes or attempted will be scored. This will include inmates convicted of complicity, accessory, facilitation, and aiding and abetting escape. Documentation will include past escape convictions, disciplinary convictions, and/or appropriate written reports indicating that an escape or attempt did occur.

Inmates who have no escape history will receive no points. Inmates who were walk away or attempted to escape from a minimum custody facility or fail to return from an authorized absence will receive 2 points. Inmates who escaped or attempted to escape from medium or maximum security will receive 6 points.

**Maximum Custody Score:** Add items 1, 2, and 3. If an inmate receives a score of 7 or higher, they should be designated to maximum custody. Even if an inmate receives a maximum custody level after completing the first three items on the Custody Reassessment Scale, always complete the remaining items, but do not total the score if the inmate has already been assigned to maximum custody.

d. Number of Disciplinary Convictions: Score all disciplinary convictions since last classification. Unresolved disciplinary charges need not be considered.

Inmates, who have received no disciplinary convictions since the last classification, will receive 0 points. Enter 2 points if an inmate received one disciplinary conviction, 4 points for 2 convictions and 6 points for 3 or more convictions.

e. Most Serious Disciplinary Conviction: Use the Disciplinary Severity Scale to score the most serious known institutional conviction during the past 5 years of this term of incarceration. The scores ranges from 0 for no offenses, 1 for low, 2 for moderate, 5, for high category.

f. Voluntary Program Participation: Consider the inmate's participation during the past 6 months or since the last reassessment.

1. Enter 0 for high, if the inmate has completed the program or is currently participating fully with the program.
2. Enter 1 for moderate, if the inmate is waiting for a slot. The inmate must already have signed up for a program, but has not attended/participated because no slots are available.
3. Enter 2 for poor, if the inmate has not volunteered for a program or receives unsatisfactory reports in a program that he/she volunteered to participate in.

g. Institutional Conduct: Check the inmate's monthly evaluations to assess his/her behavior during the past 6 months or since last reassessment. If the inmate generally receives "Good" ratings, he/she will score 0 points. An inmate receiving primarily ratings of "Poor" on the monthly form should be rated a "Poor" and receive 4 points.

**Comprehensive Custody Score (Sections a – g in the policy and procedure and 1 – 7 on the form):** Enter sum of Items 1 through 7 on the total score line.

### 3. Scale Summary and Recommendations

- a. Custody Level Indicated by Score: Using the total score entered under the comprehensive custody score to arrive at the custody level for the inmate. If an inmate's score was 7 or more points on the first three items or 11 or more points on all 7 items, the inmate receives a maximum custody code of 3. An inmate who receives 5 to 10 points on items 1 through 7 or 5 or fewer points on item 1 to 3 with detainer and/or warrant should be placed in a medium custody status with a code of 2. An inmate with a score of 5 or fewer points should receive a code of 1 for minimum custody status.
- b. Special Management Issues: No classification system will always assign all inmates to the most appropriate custody level. Therefore, the classification system allows for staff to recommend a custody level other than the one designated by the scored custody form, based on their professional judgment and factors that are not captured by the classification form. These are called overrides.

Each of the overrides listed on the Custody Reassessment Scale should only be used in situations where the classification officer believes that the initial custody level obtained from the point score is inappropriate. The overrides allow the classification officer to reflect his/her professional judgment and are based on information regarding the inmate's crime, prior record, or institutional judgment. The following sections provide an explanation of each override and its appropriate use.

1. Known Enemies: An inmate who states that he has known enemies in the institution should not be placed in housing where the inmate or the enemy may be in danger from each other.
2. Psychological Impairment: All sex offenders shall initially be placed in maximum custody.
3. Mental Deficiency: An inmate with mental deficiency such as retardation as diagnosed by a professional should be placed in a mental health unit if available. Otherwise administrative segregation should be considered.
4. Substance Abuse Problems: Unless the inmate poses a security threat, placement in the Residential Substance Abuse Treatment program should be considered.
5. Suicide Risk: If an inmate is considered a suicide risk, he/she shall be placed in special housing under a suicide watch.
6. Medical Problem: Dependant on the severity of the medical problem, various options should be considered ranging from minimum security housing to administrative segregation or hospital confinement under guard.

7. Known Management Problem: Inmate has a documented history of management problems while incarcerated. Inmate is known to have incited, provoked and/or agitated peers; disrupted facility operations; and/or to have demonstrated a substantial lack of cooperation.
8. Physical Impairment: An inmate with a physical impairment such as confinement to wheelchair etc. needs to be placed in a housing unit where the inmate can function without assistance. Access to handicap shower, bathroom should be considered.
9. Relative Incarcerated at DOC: Family members should be separated if there is documented reason to believe that the inmates may engage in activities disrupting facility safety based on their relationship.
10. Co-defendant incarcerated at DOC: Co-defendants should be separated from each other, especially during pre-trial stages and also after conviction while appeals process continues.
11. Serious Violence Threat: Violence threats include a documented history of violent conduct, such as murder, rape, assault, arson, and intimidation involving a weapon. This conduct may have occurred while confined or while in the community. This also includes inmates known to be members of groups or gangs that use violence to achieve their goals within a correctional setting and/or in the community and this affiliation is considered to be a management issue in the facility.
12. Escape Threat: Inmate has made significant threats to escape or has a documented history of escape (s), and/or attempted to escape.
13. Known Homosexual: If a new inmate is known to be a homosexual, this inmate should not be placed in the general population, in order to avoid any sexual assaults by other inmates.
14. Physically Small/Weak: An inmate who is physically small and weak will invite predatory behavior from other inmates. Care has to be taken to place this inmate in housing where the risk of being victimized is minimized.
15. Prior Good Conduct: Documented information of the inmate's ability to successfully cope with a lower level of custody level may be considered as a prior period of successful minimum custody (such as assignment to minimum security/custody) or an extensive period of clear conduct.

c. Override of Scale Custody Level is Recommended/Rationale: After reviewing the special management issues that have been marked, if any, enter the Override Code – 1=Yes, 2=No and provide a rationale if an override is recommended.

- d. Recommended Custody Level and Housing Assignment: After reviewing the custody scale score and all information which may justify an override, enter both the Custody Level and Housing Assignment Code. If no override is recommended, the "Recommended Custody Level" should be the same as custody level indicated under III A of this form.
- e. Classification Signature and Date: The Classification Officer must sign and date the form.

#### **4. Supervisory Approval of Override**

- a. Recommended Custody Level: Approval/Disapproval: The Classification Supervisor's approval is required if the classification office recommends an override.
- b. Final Custody Level and Housing Assignment/Rationale: After reviewing the rationale for overriding the preliminary/recommended custody level, the supervisor must enter the final custody level. Written rationale must be provided if this level is different from the Recommended Custody Level.
- c. Supervisor Signature and Date: This section must be signed and dated by the Classification Supervisor upon reviewing the instrument.

#### **J. Instructions for Needs Reassessment Form**

Under each need select the answer, which best describes the inmate and enter the number in the space marked "Code" to the right of the answers. Where appropriate, refer to the Program, Priority, and Adjustment Code to determine the proper code to enter to in the section marked "Code" next to each need area (i.e., Health, etc.) where a referral(s) and program(s) is being recommended. This form is the same form as the Initial Needs Assessment, except that the scoring will be used under the reassessment category.

**Reassessment Date:** Enter the date the assessment was conducted.

**Classification Officer:** The classification officer enters his/her name in this space.

**Inmate Name:** Enter the inmate's full name, i.e., last name followed by first name and middle name.

##### **1. Health**

Decisions regarding the health of the inmate can be critical ones. A medical examination and medical records are the primary source of such information. However, the: Intake Assessment Form, other indicators, such as observed behavior during the interview (obvious wounds, excessive perspiration, handicaps, or symptoms of disease) or inmate statements indicating illness or handicap, should be taken seriously and indicated appropriately on the form.

- a. Limited Physical Capacity: Inmate has a condition that severely restricts job assignments and program participation. He/she requires frequent medical attention and may be on medication.

- b. Mild Disability or Illness: Inmate may have a condition which restricts job assignment, requires light duty assignment, requires occasional medical attention, i.e., high blood pressure, heart condition, missing limb, back problem, diabetic, etc.
- c. No Problems: Inmate does not indicate or display any signs of ill health, disease, or handicap; inmate receives rating to work from medical personnel during the medical screening, and has no condition, which restricts job assignment or requires regular medication or attention.

## 2. Emotional Stability

This need area is very broad and summarizes the appropriateness of an inmate's response to his/her environment. When available, psychological evaluations, hospital discharge summaries, use of medication, etc., should be used as the source of information as opposed to the interviewer's impressions, if possible.

- a. Severe Impairment: Inmate may have a history of hospitalization for emotional problems, two or more suicide attempts, lack of control over impulses as reflected by extensive assaultive behavior, and usually has poor related testing.
- b. Moderate Impairment: Inmate may be experiencing family problems or adjustment problems to new environment. Included in this group are inmates who are immature or who find difficulty in dealing with stress. Some problems controlling impulses are apparent as reflected by minor behavior problems. Inmate may have attempted suicide on one occasion.
- c. Emotionally Stable: Inmate has exhibited no inappropriate emotional responses to his/her stay in the intake/initial classification section/housing, and has no history of such indicated in court and probation reports (e.g., PSI) or other information sources. Inmate appears to deal with stress appropriately in most situations.

## 3. Education

Assessment of this item related to level of education achieved and any formal recognition such as a diploma or GED.

- a. 5<sup>th</sup> Grade or Below: Grade level obtained from inmate or other document sources. If possible, educational testing may assist in determining performance level in math, reading or special education needs.
- b. No High School Diploma: Inmate may not have a diploma or GED but may show potential and/or interest in further educational opportunities. Additional testing, if available, may assist in determining educational interests and deficits.

- c. High School Diploma: This inmate may be interested in vocational programming.

#### 4. Vocational Skills

Criteria include: prior employment history; training such as the amount of training or work experience. May also look at job related skills, which may include criteria such as length of employment, reason for leaving, and ability to get along in any vocation or employment situation.

- a. No Discernible Skill: All previous employment has been unskilled and/or inmate has no specialized training in any vocation.
- b. Limited Skills: Inmate's work history or training may indicate partially developed skills and some direction in terms of interest (semi-skilled). The inmate may have served as an apprentice trainee or been involved in a family business without acquiring a full range of marketable skills. Others included in this category are inmates who may be skilled but due to the nature of their crimes will have to change vocations.
- c. Possesses Marketable Skill/Trade: Inmate has a marketable skill as evidenced by prior work history or training. A marketable skill is defined as a skill obtained through post high school training, or a skill obtained as an apprentice, or work experience that will result in an adequate salary and employment that is not seasonal.

#### 5. Substance Abuse (Alcohol and Drug Use)

Criteria may include alcohol related arrest, use of alcohol at the time of the crime, self-admission or indication from other information sources. For abuse of other substances, criteria may include: drug related arrests, use of drug/substances at the time of the crime, self-admission or indications from other sources.

- a. Frequent Abuse: The inmate has an increased tolerance for alcohol and/or drugs and important social, occupational or recreational activities are given up or reduced. A great deal of time is spent in activities necessary to get alcohol and/or drugs and major role obligations of work, school and home are missed because of frequent intoxication/addiction or withdrawal symptoms. The inmate has a previous alcohol and/or substance abuse history.
- b. Occasional Abuse: Inmate demonstrates continued use of alcohol and/or drugs despite knowledge of having a persistent or recurrent social, occupational, psychological or physical problem that is caused by or exacerbated by use of alcohol/drugs. There is a recurrent use of alcohol and/or drugs in situations in which use is physically hazardous. Some symptoms of the disturbance have persisted for at least a month or have occurred repeatedly over a longer period of time.
- c. No Disruption of Functioning: Inmate has no prior history of alcohol and/or

substance abuse, was not under the influence of alcohol and/or was not using drugs at the time of the offense, and denies alcohol and/or substance abuse.

## 6. Mental Ability

While in intake and initial classification status the inmate should be assessed for intellectual ability and/or given a mental ability test.

- a. Serious Disability: (IQ may be below 70 if information or testing available.) Inmate requires much counseling, guidance and support, has many problems adapting to new environments, and cannot function independently. The inmate will likely require remedial programming and special attention. This inmate may become a target of abuse and manipulation.
- b. Mild Disability: (Inmate has an IQ of 70 to 90 on IQ exam, if such information is available.) The inmate has some problem functioning independently, adapting to strange environments, and may or may not require additional counseling and guidance/support. This type of inmate may become attached to another inmate and rely on that person for direction.
- c. No Discernible Disability: (The inmate has an IQ of 90 or higher, if score or testing available.) He/she is able to adapt to a new environment with a minimum of guidance.

## 7. Other

If other needs not listed on the Form are identified, the need should be described.

## 8. Adjustment Code

During this reassessment process, a review should be conducted of an inmate's participation in programs recommended during the initial needs assessment or other reassessments. Use the Program, Priority and Adjustment Codes Sheet to enter the Adjustment Codes that best describes the inmate's performance in programs.

## 9. Reassessment Program Recommendation

After conducting the Needs Reassessment in the needed areas, list the inmate Need area(s) and beside each Need area (i.e., Health, Emotional Stability, etc.) list the appropriate program being recommended using the Program Code and enter a priority using the Priority Code. (See page 18)

## K. Classification Plan/Summary

### 1. Purpose

The Classification Plan is used to summarize the classification, housing, and programming status of the inmate upon completion of an initial or reassessment/reclassification form.

## 2. Completion Policy

The Classification Plan should be developed:

- a. upon completion of the initial classification process/forms by the classification officer – custody and needs;
- b. upon completion of the reassessment process/forms by the classification officer – custody and needs; and,
- c. prior to making special changes in custody or programs.

## 3. Instructions

### a. Identification

1. Inmate Name: Enter the inmate's full name, i.e., last name followed by first and middle initial.
2. Inmate Number: Enter the inmate's ID number that was assigned during the initial intake process.
3. Current Date of Plan: Enter the numbers representing the Month, Day, and Year, of the date that this summary was completed.
4. Classification Officer: The classification officer enters his/her name in this space.

b. Type of Classification Assessment: Circle/indicate the type of classification: initial, reassessment, or special – that prompted this Plan/Summary. If this is a special classification, specify the reason.

c. Current Custody Level: Indicate the custody level (Maximum, Medium, or Minimum) designated on the initial/reclassification scale unless after reviewing the rationale for the custody level, it is determined that another custody level is more appropriate. Written rationale must be provided if the current custody level is different from the custody level designated on the classification scale.

d. Assigned Programs: This section sets forth the type of referral and the inmate's current status of his/her recommended programs. Indicate the program(s) and enter the program code(s).

e. Other Program Considerations: Specify any program/service(s) not listed on the initial/reassessment scale and supporting codes that have been recommended.

f. Current Privileges: Specify any appropriate privileges that should be afforded

the inmate.

- g. **Rationale:** Explain the rationale for the privilege(s).
- h. **Housing Assignment:** Specify the housing unit to which the inmate has been assigned and/or should be considered for placement in. Generally, the custody rating and housing assignment should match. In the event this is not the case, a rationale should be provided.
- i. **Next Appropriate Classification Date:** Enter the numbers representing the Month, Day, and Year of the date that the inmate's custody level and needs should be reassessed according to the classification completion policy – see Page 19-20 of this manual.
- j. **Other Comments:** This space is available for additional comments, or documentation to explain the custody recommendation, housing assignment recommendation, program(s) recommendations and/or work assignments.
- k. **Signature and Date:** This section must be signed and dated (month, day, and year) by the classification officer or the staff completing the summary.

## **L. Department of Corrections Classification Team Process and Hearing**

### **1. Purpose**

The Department of Corrections Classification Team is responsible for making classification decisions relative to an inmate's needs. Review of the inmate's custody designations (initial assessment and reassessments), job assignments, housing assignments, and placement from security detention status. The Department of Corrections Classification Team will also approve treatment programming. Classification Team reviews may also be conducted as a result of changes in an inmate's custody and/or service/program needs. It is the general policy of the Department of Corrections that the Classification Team hearings shall be conducted in such a manner as to ensure that each inmate is properly classified through the consistent and objective application of classification criteria and on the basis of the inmate's safety, custody and program needs.

### **2. Completion Date**

The Department Classifications Team meeting will take place after all available information regarding the inmate has been gathered. This meeting will be conducted within 7 days for pre-sentence, and within 30 days for sentenced inmates. The inmate will be provided with 48 hours advanced notice of the Team meeting.

### **3. Team Membership**

The Department of Corrections Classification Team will consist of the following members:

- Director of Corrections
- Operations Captain
- Classification Officer
- One Line Supervisor appointed by the Commissioner of Corrections
- One Additional Staff appointed by the Commissioner of Corrections

#### 4. Procedures

The Department Classification Team Proceedings will be conducted as follows:

- a. The Director of Corrections or in his absence, the Captain of Operations, will chair the Team.
- b. The Classification Officer will meet with the inmate prior to the Team meeting to discuss all available information, solicit the inmate's preliminary input into the classification process, and brief the inmate on the Classification Process.
- c. The Classification Team's action will be based on additional, verifiable information regarding the inmate that was not available at the time of intake. To make this detailed level of individualized assessment, the Classification Officer will solicit information from the courts, social service agencies, defense attorneys and other resources to assure that the broadest possible range of information is available for this process. If not readily available, a specific effort will be made to obtain a copy of the pre-sentence investigation report compiled for the court before sentencing.
- d. Each inmate will appear individually before the Team unless meeting conditions for non-appearance discussed above. The reasons for the Team hearing will be explained to the inmate.
- e. The inmate will be given the opportunity to ask questions and to present information at the Team meeting, which may affect the Team's decision. The information used by the Team in making classification decisions will be available to the inmate so that the inmate may participate in the Classification process.
- f. The Classification Officer shall present each inmate's case to the Classification Team. All relevant documents and information contained in the inmate's records will be presented to the Team – e.g., initial/reassessment custody scales, initial/reassessment needs forms, monthly reports, etc.
- g. The Team Chairperson will oversee the Team hearing. Each Team member will have one vote with the Team Chairperson voting last. The majority vote will rule.
- h. The information on which the Classification Team bases its decisions will be documented in the inmate's case file.

- i. At the end of the Classification Team hearing, the Team notifies the inmate of its decision.

## 5. Final Approval by the Commissioner of Corrections

Upon completion of the Classification Team initial and reassessment hearings, the Commissioner of the Department of Corrections reviews the Team decisions and takes one of the following actions:

- a. Approves the Team's decision.
- b. Denies the Team's decision and requests that the Team makes further study and review.
- c. Remands the decision to the Team based on determination that a specific procedural requirement was not met.
- d. Remands the decision to the Team based on the need for additional information or justification.
- e. Overrules the Team decision and makes a different decision.

## 6. Appeals Procedure

Inmates may appeal the recommendations of the Classification Team through the DOC Inmate Grievance Procedures.

## M. Custody Designations

Custody designations reflect the department's policy with regard to perceived risk. The basis of the assignment of custody level is dependent upon how much security is required to supervise an individual under all circumstances inside and outside the physical control of the Department of Corrections. The guidelines for security of inmates of the various custody levels are divided into detention for pre-trial inmates and corrections facility for sentenced inmates.

### 1. Detention Facility

Custody designations are available for the inmates in detention status as follows:

- a. **Maximum Security:** Any inmate scoring over 10 points on the initial or reassessment custody scales will, if space is available, be housed in single-cell housing pending a full classification review. These are inmates who, by their verifiable misconduct, may present a serious assault or escape risk. These inmates will be placed in lock-down status pending further evaluation by the operations Captain and/or the Classification Team.
- b. **Medium Security:** General population, single or double-cell cases with less than 10 points on the classification assessment/reassessment scale. These are inmates who, on intake, do not present any immediate management problems, are not reported by arresting officers to have presented any serious management problems, and are not in any of the other categories enumerated

below.

- c. Minimum Security: These are general population cases with less than 5 points on the classification assessment scale. These are inmates who, on intake, do not appear likely to present any management problems and are not in any of the categories enumerated below.
- d. Protected Witnesses, Verified Protection Cases: Inmates identified by the arresting officers or other official sources as being verified protection cases or who provide staff with information that leads to a reasonable belief the inmate will be endangered if placed in the general population. These inmates will be placed in a separate cell in the special management unit.
- e. Females: Females will be kept separately at all times, including during intake processing.
- f. Suicide Risks: Inmates with a history of suicide attempts or threats, or otherwise identified as suicide risks, will be placed in a continuous-observation cell, or referred to the Commonwealth Health Center mental ward regardless of their custody score, pending further review and evaluation by mental health staff.
- g. Correctional Facility: Sentenced Population: Custody designations are available for the inmates in sentenced status as follows:

## 2. Intake Status/Designations for Sentenced Inmates Awaiting Classification

- a. General Population Cases: Inmates who, upon intake, do not present any immediate management problems; are not reported to have caused any serious management problems while confined prior to this period; score less than 10 points on the custody assessment scale; and are not in any of the other categories described below, are to be placed in the orientation section.
- b. Maximum Security Cases: Inmates who, by their verifiable misconduct at any time, may present a serious misconduct problem, or are likely by virtue of any other verifiable background, sentence, or charge-related factor to present a serious assault or escape risk, are to be placed in lock-down status pending further evaluation by the Operations Captain and/or the Classification Team.
- c. Medical Cases: Inmate identified as having communicable diseases shall be housed in a single cell until such time medical staff advises it is safe to transfer the inmate into the general population.
- d. Protected Witnesses, Verified Protection Cases: Inmates identified as being verified protection cases, or where staff has been provided with information that leads to a reasonable belief the inmate will be endangered if placed in the orientation unit, will be placed in the special management unit.
- e. Opposite Gender Cases: If on intake an inmate is found to be of the opposite

gender of the facility population, he/she will be housed separately at all times, including when confined in holding cells in the receiving area, pending removal. An inmate who has partially completed a gender change procedure will initially be placed in administrative segregation, pending review by the Commissioner and a physician. Genital status will determine the gender by which the department staff will classify such an individual.

**3. Custody Designations for Inmates Objectively Assessed and Classified by the Classification Team for Placement in the Correctional Facility**

- a. **Maximum Custody:** This designation/custody level will be assigned to inmates who are considered a serious threat to the community. Inmates in this category were convicted of serious violent criminal acts. Pre-release planning for these inmates will generally be limited to a decreased supervision level within the facility.
- b. **Medium Custody:** This designation will be assigned to inmates who do not present a serious threat to the community. Inmates in this category include those who have been convicted of property crimes not of a violent nature and do not have a significant background of violent behavior. Inmates in this category may be authorized to participate in decreased supervision programs and community programming.
- c. **Minimum Custody:** This custody level will be assigned to inmates who are convicted of non-violent crimes and do not have a significant history of criminal behavior. Inmates in this category may be approved for community programming.

**N. Housing Plan (Categories and Types of Confinement Space Available Within the Department of Corrections Facility)**

The Department of Corrections is presently utilizing the following housing sections:

- 1. Housing Unit Pod 4:
  - a. Maximum Security Housing Unit (Single)
  - b. Disciplinary Segregation Housing Unit (Single)
  - c. Administrative Segregation Housing Unit (Single)
  - d. General Population Housing Unit (Dormitory)
- 2. Housing Unit Pod 3:
  - a. Pre-trial Housing Unit #1 (Single)
  - b. Pre-trial Housing Unit #2 (Single)
  - c. Civil Detention Housing Unit (Immig. Detainees) - Single
  - d. RSAT Housing Unit (Single) **Females**
  - e. Pre-trial long term Housing Unit (Single)
- 3. Housing Unit Pod 1:
  - a. General Population Housing Unit (Dormitory)
  - b. Work Release Housing Unit (Dormitory)

- c. Trustee Housing Unit (Dormitory)
- d. Male RSAT Housing Unit (Dormitory)
- e. Female RSAT Housing Unit (Dormitory)
- f. Female Prison Housing Unit (Dormitory)

## **O. Monthly Institutional Conduct Evaluation**

### **1. Overview**

The Department of Corrections strives towards cognitive inmate behavior management by rewarding good conduct, and discouraging behavior that is disruptive to the management of the institution. This includes all individuals incarcerated or detained at the DOC facility.

### **2. Purpose**

The Monthly Institutional Conduct Evaluation of the individual inmate's observance of rules and regulations, appearance and behavior is designed to provide management with a comprehensive profile of the individual inmate's adherence to DOC rules and regulations, and general institutional attitude and behavior. The scores from the evaluation will be used as an integral part in the periodic reclassification of each inmate, and when correctly scored, will identify both individuals who are management problems and individuals striving for rehabilitation.

### **3. Completion Date**

The monthly evaluation must be completed on each inmate in all housing sections at the end of each month. Once the shift supervisor has received the evaluation forms for his/her shift, he/she shall turn the form in to the Classification Section within 12 hours of completion. The forms will be filed in each inmate's file to be available for evaluating the inmate at the next reclassification session.

### **4. Procedures**

In order for any evaluation to have its desired effect, better management of the inmate population, the scoring has to be fair and equal for all inmates. It is counterproductive to cite an inmate for a rule violation, if another inmate's violation of the same rule is ignored.

For the evaluation system to achieve its intended purpose, the officers also have to observe DOC rules and regulations, especially in the presence of the inmate. All violations that the officer has observed, and the inmate has been cited for, even minor ones, have to be taken into account in the monthly evaluations. It is only this way that the system will be effective, and the evaluations will act as incentives for the inmates to improve their behavior while incarcerated. Third party recommendations from other officers or inmates should not be considered unless supporting documentation is provided. The shift supervisor shall assign a number of inmates to each officer on his/her shift for evaluation. The evaluations

will rotate between the shifts, so that different officers on different shifts can evaluate the inmates. This is to ensure that the inmates get fair and equal evaluation. When the officer has conducted the evaluation, he/she shall present the form to the inmate in a one-on-one meeting, explain the rating, and what the inmate needs to do to improve a bad rating. The inmate shall also be made aware that all ratings will be considered at reclassification time, and that consistent good ratings may bring better housing assignments, privileges and other benefits.

## 5. Instructions for Completing the Form

- a. Inmate Name: Enter the inmate's full name, i.e., last name followed by first and middle name.
- b. Date: Enter the numbers representing the Month, Day, and Year, of the date that this summary was completed.
- c. ID Number: Enter the inmate's ID number that was assigned during the initial intake process.
- d. Cell Assignment/Section: Enter the inmate's cell assignment and section in which he/she is housed.
- e. Observance of DOC Rules and Regulations: This shall be scored to reflect the inmate's observance of posted DOC rules and regulations. If the inmate habitually violates rules, such as smoking or being disrespectful towards staff members, scoring should be "Poor". Also, even one major rule violation is sufficient to justify a "Poor" scoring.
- f. Observance of Rules of Work Release, Visitation, and Phone Use: Any documentation that an inmate comes in late from work release; has been cited for prohibited behavior during visitation time; for failure to conform to the rules regarding length of phone calls, and any other documented incidents of such nature during the week should be noted and scored accordingly.
- g. Cleanliness of Assigned Quarters: If a cell is untidy, both inmates occupying the cell should receive a "Poor" scoring.
- h. Appearance, Hygiene and Grooming: An inmate with long hair and a beard or mustache that has not been trimmed cannot receive a "Good" rating. Appearance means clean clothes that are not torn or altered.
- i. Willingness to Accept Assigned Work Details: Only an inmate who accepts work details without complaining, and completes the work details satisfactorily can receive a "Good" rating.
- j. Cooperation and Respect in Dealing with Staff: This section scores the inmate's attitude towards the correctional staff. It is expected that inmates follow orders and show respect towards correctional officers. If not, a "Poor" rating should be given. Only inmates who are always respectful and

cooperative should be rated as "Good".

- k. **Cooperation with Other Inmates**: For the institution to function orderly, good relationships between inmates are of utmost importance. Inmate should be made aware of this by rating their behavior and attitude towards other inmates.
- l. **Comments Regarding Rating, Refusal to Sign or Non-Concurrence**: If the evaluating correctional officer has any comments regarding the evaluation, or any recommendations that may benefit the inmate, enter those comments in this section. Further, if an inmate refuses to acknowledge the evaluation, enter the stated reason for the refusal in this section.
- m. **Evaluation Conducted By and Date**: The officer completing the evaluation should enter his/her name and enter the date the evaluation was completed.
- n. **Acknowledged By Inmate/Date**: The inmate signs and date the evaluation form in this section.
- o. **Concurred/Not Concurred By/Date**: After the evaluating officer and inmate have both signed the form, the shift commander reviews the form, and either concurs or does not concur with his/her signature. If the shift commander does not concur, he/she shall state the reason/s in the "Comments" section.
- p. **Use of the Monthly Evaluation**: The monthly evaluation is only a statement reflecting the evaluating officer's personal, fact-based, objective and unbiased experience of the inmate he/she is evaluating. In assessing an inmate's institutional behavior during confinement, the classification officer will use the evaluation form as guidance. If the monthly evaluation shows behavior that may have a negative impact on the inmate's institutional life, the inmate should be counseled in the problem area. During the reclassification process, the inmate may file his/her response to any concerns regarding the evaluation.
- q. **Prohibited Actions**: The evaluating officer is not allowed to use the evaluation process to solicit favors from the inmates by excluding negative information, or as punishment. Anticipated future behavior cannot be used as a basis for evaluation. The shift commander shall not coerce the evaluating officer into changing his/her evaluation of an inmate. Completed and signed evaluation forms cannot be altered by anyone.

## P. Records

The Classification determinations made based upon the information derived from the process and forms discussed in this manual, shall be recorded on the Initial Custody Assessment Scale, the Initial Needs Assessment Form, the Custody Reassessment Scale, the Needs Reassessment Form, the Classification Plan, Education/Military/Religion Information Form, Inmate Legal/Criminal History Form, Inmate Social History Form, Inmate Alcohol/Drugs and Tobacco Information Form and the Monthly Institutional Conduct Evaluation. These forms must be signed and

dated as designated on the respective forms. All these forms are to be promptly placed in the inmate's case file. Other information that must be placed in the file to include:

1. Consideration of escorted trips, release, or public contact of any type, which will be reviewed and must be approved by the Commissioner.
2. Requests for housing transfer.
3. Medical screening and other information obtained in the orientation period.
4. Program assignments and participation records.

Assigned DOC staff will maintain the inmate files, with appropriate safe guards as to compliance with Departmental policy on confidentiality and inmate records.

**Q. Attachments – Classification Instruments, Forms and Scales**

**Attachment 1.** Intake Health Screening Form

**Attachment 2.** Initial Custody Assessment Scale

**Attachment 3.** Custody Reassessment Scale

**Attachment 4.** Severity of Offense Scale

**Attachment 5.** Disciplinary Severity Scale

**Attachment 6.** Initial/Reassessment Needs Form

**Attachment 7.** Classification Plan

**Attachment 8.** Monthly Institutional Conduct Evaluation Form

Prepared By: 

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Corrections Sergeant

10/19/07

Date

Reviewed By: 

Gregory F. Castro  
Director of Corrections

11/19/07

Date

Approved By: 

Lino S. Tenorio  
Commissioner of Corrections

11/40/07

Date

# DEPARTMENT OF CORRECTIONS

## INTAKE HEALTH SCREENING FORM

DOC Inmate No.:	Screening Date:	Screening Time:
Last Name:	First Name:	Middle Name:
DOB:		
1) Do you have a history of drugs/alcohol problems? <input type="checkbox"/> If yes, explain: <input type="text"/>		
2) Have you ever been arrested for drugs/alcohol? <input type="checkbox"/> What types of drugs/alcohol used? <input type="text"/>		
When used? <input type="text"/>	How much? <input type="text"/>	Do you feel like ending your life? <input type="checkbox"/>
3) Have you ever attempted to end your life? <input type="checkbox"/> Explain: <input type="text"/>		
4) Have you ever been depress or under severe stress? <input type="checkbox"/> If yes, explain: <input type="text"/>		
5) Have you ever been treated for depression, mood swings, or hearing voices? <input type="checkbox"/>		
If yes, explain: <input type="text"/>		
6) Are you being treated for mental illness? <input type="checkbox"/> Where? <input type="text"/> Type of medication? <input type="text"/>		
7) Have you ever had a positive tuberculosis test? <input type="checkbox"/>		
8) Have you had a cough for more than 3 weeks with fever, weight lost, night sweats or tiredness? <input type="checkbox"/>		
9) Have you been exposed to someone with TB? <input type="checkbox"/> Who? <input type="text"/> Where? <input type="text"/>		
When? <input type="text"/>	Do you have any rashes, cuts, boils or abscesses? <input type="checkbox"/>	
10) Do you have diabetes, heart disease, high blood pressure, seizures, asthma, or gout? <input type="checkbox"/>		
11) Do you have any illness or injury? <input type="checkbox"/> If yes, what? <input type="text"/>		
12) Are you hearing impaired or deaf? <input type="checkbox"/> Do you wear a hearing aid? <input type="checkbox"/>		
13) Do you wear glasses or contact lens? <input type="checkbox"/> Is this your first time in jail? <input type="checkbox"/>		
14) Is there anything we should know about you for your welfare or protection? <input type="checkbox"/>		
15) Do you need protective custody housing? <input type="checkbox"/>		

### **FEMALE INMATE ONLY**

16) Do you think you might be pregnant? <input type="checkbox"/>	When was your last menstrual period? <input type="text"/>
In the last six weeks have you had a baby, miscarriage or abortion? <input type="checkbox"/>	
Do you have any problems with your female organs? <input type="checkbox"/>	
Do you take birth control? <input type="checkbox"/>	What kind? <input type="text"/>

### **INTERVIEWING OFFICER'S OBSERVATION**

<input type="checkbox"/> Nervous/Restless <input type="checkbox"/> Short of Breath <input type="checkbox"/> Yellow Skin/Eyes <input type="checkbox"/> Bloodshot Eyes	<input type="checkbox"/> Visible Signs of Injury/Illness <input type="checkbox"/> Unconscious/Difficult To Stay Awake <input type="checkbox"/> Unable To Understand Questions <input type="checkbox"/> Slurred Speech	<input type="checkbox"/> Talking To Self/Hearing Voices <input type="checkbox"/> Confused, disoriented <input type="checkbox"/> Needle Tracks/Scars <input type="checkbox"/> Unable To Walk On Own
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### **COMMENTS:**

Inmate's name and signature: <input type="text"/>	Interviewing officer's name and signature: <input type="text"/>
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Inmate's name and signature: Interviewing officer's name and signature: